The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XII SUMMER, 1956 No. 3

PAGING MORE GEORGES

by

HAROLD J. HOLLERAN, M. D., President
Hampden District Medical Society

The noun "homogeneity" describes, for me, one quality that the District Society lacks "the most of,"—strangely, too, in a group of men who share so much that is common to all. Numerically large, the District Society appears unpretentious when "dues-payers" are culled and the active participants in running our affairs must be considered alone.

The prospect of luring additional members from a sanctuary of indifference into a role of active participation is tempting. To this purpose a prime requirement has been the development of improved inter-society communications. The accomplishments of the vigorous minority in the past few years, on the behalf of the entire aggregation, have been convincing, but unheralded. Factural reporting of the activities of the Society, reasonably current and on the desk of every member, is a necessity; perhaps, thereby, a cohort or two may be enlisted for future activities. Who knows?

The Hippocrat Board, courageously ignoring the predictable hazards of producing an issue more than twice as frequently as formerly has recognized its potential as an informative agent within the District Society. The problem inherent to such rapid growth only they, from their experience, can know. The burden has been accepted because of a full appreciation of the benefit likely to accrue to the Society. The Hippocrat has become "must" reading.

The present issue reproduces a condensation of the report of a Special Study Committee which a bare quorum was privileged to hear at a special meeting. Few readers can fail to appreciate the intriguing possibilities of this study. The study will continue and it is hoped that the new committee can be appointed from members, stimulated by this report, to volunteer for participation. Committee work is participation at its best. Not all can have the time or inclination for such work; they are urged, at least to attend the meetings, and to note particularly, the next scheduled meeting in September.

ATTENTION

The September meeting of the Hampden Medical Society will be held on Tuesday, the 25th., at 6.30 P. M., at the Roger Smith Hotel in Holyoke. The speaker, Stephen Stewart of New York City, agreed to speak and comes well recommended, and his topic will be "Progress of Medical Expense Insurance".

Allen G. Rice, Sec.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 600 Copies

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THE WEAKEST LINKS

By invitation President Holleran of Westfield contributed our front page guest editorial that points an official finger at the weakest link in the Hampden District's medical chain, the comparative lack of participation, not to say interest, in the affairs of our large society by the membership. In an effort to improve the percentage of co-operators in our ranks, the President has pointed that same finger at the Hippocrat's weakest link, the infrequency of publication of our quarterly that vitiates the main purpose of an official bulletin, namely regular reminders of meetings for members, and news of current affairs before it has become history.

The President was pleased by the vote of a majority of the Hippocrat board at a meeting held at his request to change to a monthly rate, except for the summer months, i. e. ten issues instead of four per year. In this way, not only would notices be accommodated, but discussion of important issues would be feasible before our Councilors go to Boston. However a sub-committee was appointed to look into the advisability of the change from the points of view of costs and available advertising. A full time clerk and an office would be minimal needs to accommodate the increase in details and hours that would be required. At a second meeting, a return post-card questionnaire was authorized to determine whether or not a reasonable proportion of fellows cared to risk red ink.

Enclosed you will find a return card that will take a small fraction of time to fill out. Your consideration will measurably assist the Board in coming to a final decision as to whether we shall come of age and face the facts of life, or continue this amateurish publishing every three months from the back office of our long-suffering Manager with the help of his Able secretary and an aging chief Editor! Please complete the card and drop it into the nearest P. O. box. Thank you!

OSCARWORTHY

1955-56 will go down in history as a year of extraordinary activity and achievment for the Hampden District Medical Society. It is difficult indeed to recall another such period when so much was accomplished within so short a time. In the words of Doctor Fred Hagler, "Hampden District has become the envy of all the other district societies in Massachusetts." A shining example of a job well done is the work of our "Special Study Committee", a committte so named because of its manifold and diversified purposes. A complete report of its activities was presented at a special meeting on May 15, 1956. So illuminating were its findings and so constructive its recommendations that it promises to become a basis and foundation for further study not only here but in other district and state societies as well. The Hippocrat herewith presents a condensed version of this report.

COMPLIMENTS
T. P. Sampson
Springfield

REPORT OF SPECIAL STUDY COMMITTEE

I. Purpose and Procedure

Leroy J. Kendrew, M. D.

The "Special Study Committee" was appointed by president Derby at the annual meeting of 1955 consisting of Drs. John Turner, Robert O'Malley, Meran Nakashian, Ralph Miller, John Leary, Leroy Kendrew, Parker Carson, John Burke, and Eugene Beauchamp. Doctor Roger Cheney was designated chairman. The original purpose of this committee was to investigate problems affecting the physicians in their relation with lawyers and insurance companies. Later the scope was broadened to include also problems relating to the Industrial Accident Board as well as organized labor. Specifically the committee sought to accomplish the following: (1) To define and to delineate existing problems. (2) To gather background and such other material as may throw additional light on these problems, and (3) To make recommendations for the solution of these problems.

The first step in the modus operandi was to send out a questionaire to each of the 475 members of the District Society inviting them to list grievances, complaints and such pertinent problems as might have come to their attention in the course of their daily practice. Seventy-four replies were received and these were tabulated, codified and used as a basis for study by this committee.

Next, letters were sent to the A.M.A., to several State and District societies and to the editors of Medical Economics, all with a view of determining if a comparable study had ever been conducted elsewhere and if so what results were obtained. It was disappointing to discover that practically no study of this nature had ever been carried out anywhere else, although all organizations contacted expressed interest in the findings of this, our own committee.

As a consequence of these preliminary findings four separate meetings were arranged with representatives of the following groups: 1. Lawyers, 2. Casualty Insurance Underwriters, 3. Labor Unions and 4. The Industrial Accident Board. The reports which follow are based primarily on these four conferences.

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SPECIAL REPORT—Continued

II. Doctors and Lawyers

Ralph Miller, M. D.

The questionaire brought out a rather large number of medico-legal problems. Our membership expressed special interest in the following: 1. Payment for medical reports, 2. Notification of case settlements, 3. Pre-trial discussion of testimony, 4. Prompt conduct of cases to avoid "build up's" demanded by some lawyers, 5. Consideration of the physician in scheduling his appearance as witness, 6. Fee schedule for testifying in court, 7. A method for handling malpractice suits.

Attorney Bodfish, a prominent jurist and past president of the Massachusetts Bar Association, represented the legal profession. Both sides agreed that there was room for better understanding between the two professions, and that the problems presented should be pursued to their ultimate end and solution.

It was agreed also that a course in medical jurisprudence, panel discussions and additional conferences might serve to remedy some of the existing difficulties and misunderstandings. Even the single meeting succeeded in revealing a number of hitherto little known facts, such as:

1. Doctors must testify if summoned as witness. In Massachusetts there is no privilege between doctor and patient of the type that exists between lawyer and client.

2. Doctors can be required to give an opinion even without qualifying as an expert, but cannot be compelled to study the case in order to produce such opinion.

3. Experts are entitled to extra compensation beyond regular fees.

4. An attorney has no right to a medical report from an M. D.

5. Doctors have no relief from abuse in court except that rendered by defending counsel.

On the basis of the above it is recommended that a committee be appointed to meet with one of the Springfield Bar Association to discuss:

1. Arrangements for a course in Medical Jurisprudence for both doctors and lawyers.

2. Testimony fees, court proceedure, etc.

3. The problem of malpractice proceedure.

4. Establish standing committees to work with Bar Association in ironing out joint problems.

III. Doctors and Insurance Companies

John A. Burke, M.D.

Our committee met with representatives of four casualty insurance companies operating in this area. The doctors presented a number of grievances such as:

1. Insurance forms lack uniformity or were not standarized sufficiently.
2. Multiple forms are often demanded by insurance companies.
3. Weekly reports are required in industrial accident cases.
4. The doctor's name does not appear on the check where cases are settled, the same as the lawyer's name.
5. Health and accident benefits often cover only one-half of the hospital and medical cost.
6. Employers often refuse to put convalescent patients on easier jobs.

The representatives of the insurance companies found it difficult to answer some of these questions but explained that the lawyer gets his name on the check because of an agreement between the American Bar Association with the Casualty Companies. They then proceeded to present some of their own grievances:

1. That the same few doctors have all the big over-developed accident cases.

COMPLIMENT

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Springfield

SPECIAL REPORT—Continued

2. The same few send very large bills.
3. That doctors refuse reports to insurance companies because lawyers advise them to do so.

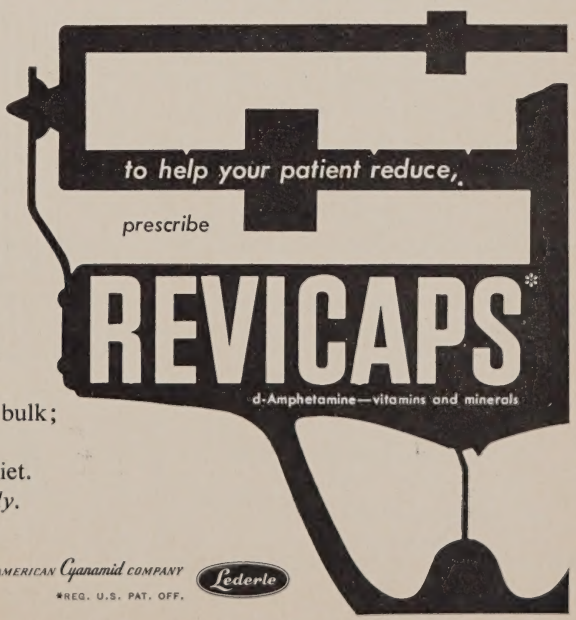
On the basis of the above it is recommended that our Society continue to meet with insurance representatives for the purpose of correcting as much as possible the existing difficulties and discrepancies.

IV. Doctors and Labor Unions

Robert D. O'Malley, M.D.

Our committee met with two representatives of the Springfield Building and Construction Trades Council. Both men are closely connected with the health and welfare problems of their respective unions, which total well over a thousand members.

During the early part of the conference it became clear that labor was beset with many misconceptions concerning doctors and hospitals. One of these is that all doctors make enough money within fifteen years as to become independently wealthy and ready to retire. Another is that hospitals, hospital administrators and, by inference also, doctors are a smug group. One of the union representatives could not understand why the best hotel room was obtainable for $12.00 a day whereas hospitals charged $21.00 a day. They complained also about the Industrial Accident Board for being far behind in the settlement of cases, making it necessary frequently for a laborer to go on welfare before his case is adjusted. Another complaint was the constant rise of hospital expense and medical fees exceeding the coverage offered by their own health and welfare plans. In 1949 their top coverage for major surgery was $150.00, in 1955 it was $300.00. They complained about the practice of "cushioning" fees and expressed the belief that unless conditions are corrected we would all be driven into socialized medicine before we knew it. They were surprised to learn that Hampden District maintained an active grievance committee where complaints about exorbitant medical fees could be presented. They admitted to obtaining their insurance coverage without medical advice and expressed keen interest in a suggestion that such advice might be made available to them by our District Society. They were especially interested in working out a



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SPECIAL REPORT—Continued

schedule of fees for an insurance plan acceptable as payment in full by doctors of the Hampden Medical Society.

On the basis of the above it is recommended: 1. That our grievance committee be given wider publicity. 2. That we recommend an increase in the number of Industrial Accident Board referees in this area. 3. That we make it known that the increase in cost of medical care is due largely to increases in hospitalization rates rather than doctors' fees. 4. That we go on record as recognizing labor's problems in the matters of health coverage and that we offer counsel and advice in working out their insurance contracts. To facilitate all of this, it is further recommended that a Labor Committee be established.

V. Doctors and the Industrial Accident Board

Eugene W. Beauchamp, M.D.

The committee met with Mr. Giroux, a representative of the Massachusetts Industrial Accident Board. During the conference, the following facts became known:

1. The present medical advisory board to the Industrial Accident Board does not represent the Massachusetts Medical Society.
2. The prevailing fee structure has not been revised in the last 15 or 20 years.
3. The Industrial Accident Board does not advise insurance companies against paying more than $75.00 for a "hernia".
4. The board welcomes the submission of individual problems with insurance companies.
5. The board would welcome a fee structure based on present conditions.
6. The board desires additional impartial examiners at a fee of $20.00 per examination.

On the basis of the above it is recommended that our District Society suggest to the Massachusetts Medical Society to contact the Industrial Accident Board for the purposes of: (a) Setting up a fee structure in keeping with the times, and that this structure be revised every five years, and (b) establishing a standing committee to advise the Industrial Accident Board on medical matters. It is further recommended that all Massachusetts District Societies be notified of our action.

VI. CONCLUSIONS AND RECOMMENDATIONS

Roger H. Cheney, M.D., Chairman

The report of the Special Study Committee, even in its above condensed form, shows that the socio-economic problems confronting Hampden District today are numerous, complex and urgent. It shows also that lawyers, insurance companies, the Industrial Accident Board, and labor unions all are willing and even anxious to sit down with us in an effort to iron out many of the mutual problems that seem to exist. Of necessity the committee could hardly hope to accomplish all of its purposes within the time allotted. Furthermore it should be recalled that our committee was not empowered with any authority other than that of a study group.

In view of all of this a number of recommendations suggest themselves, the most important of which is the creation of a number of standing committees to pursue the problems on a more permanent or long-range basis. As a preliminary step however, the officers of our Society will do well to outline the precise purpose, duties, and obligations of such commit-

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SPECIAL REPORT—Continued

tees. Specifically the following committees should be created:

1. A malpractice Committee to meet with a similar one oppointed by the Hampden County Bar Association for the clearance of malpractice claims in this area. This would serve to prevent fraudulent or trumped-up cases with all the damaging publicity that so often goes with them. At the same time it would also serve to protect those patients who had a proper and legitimate claim against any physician. Much may be learned in this respect from medical societies already equipped with similar committees.

2. A Medico-legal Committee to continue meeting with representatives of the legal profession for the purpose of resolving the several mutual problems outlined in section "Doctors and Lawyers".

3. A Labor Relations Committee to assist unions in the selection of health and accident coverage plans. Furthermore, by improving relations and by clarifying issues we may do away with much of the present-day onus which really is not ours.

4. An Insurance Committee. Ninety million Americans are covered by health and accident policies of one type or another. We owe it to these people, to the physicians who take care of them, and to the casualty insurance companies to do everything possible to correct whatever problems or misunderstandings that exist.

5. An Industrial Accident Board Committee to deal with problems arising out of present-day Industrial Accident Board customs and practices. Today most of us are forced to accept cases on a contingent basis (see Code of Ethics of the AMA concerning this aspect of practice). Clarification and a more definite stand on this point is needed in our Society.

6. An Indoctrination Committee. It is obvious that much remains to be done not only on the part of our officers and committees but by the entire membership as well. Indoctrination of new and the orientation of the older members in the problems of our time seem imperative. A brochure clarifying the accepted standards for non-medical aspects of our practice should also prove helpful. In addition the pages of the Hippocrat may well be utilized to keep all of us posted with day-to-day problems as they arise and as they are solved. And finally members who are especially interested should be encouraged to notify the President of their willingness to serve on any of the above committees.

It is regretable that time did not permit our committee to study other and additional socio-economic problems, such as the Department of Public Welfare and Old Age Assistance, managerment's role in medical care, the impact of the various social and health agencies functioning in our midst, and last but not least the role of the hospital and its social and economic aspects in the practice of medicine.

An auspicious beginning has been made. The job now is to follow through, to keep participation more general and to inform the fellows fully and more promptly on current problems.

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THE IRON MUST NOT COOL!

Evidence of the importance of the findings of the Cheney Committee as reported by Dr. Robert O'Malley is the following letter dated April 20th, 1956 that came to the Chairman after the conference was finished:

"Quite some time ago Mr. William Morris, President of the Springfield Building and Construction Trades Council and Mr. Harry P. Hogan met with a committee from the Hampden County Medical Association that I believe you presided over.

This meeting was held for the purpose of discussing problems that confronted both organizations. Our two representatives made a report to our Board of Governors about this meeting and also reported that your committee intended to make a report to your Association and express the desire for future meetings in an effort to solve some of these problems.

Our Council was extremely enthusiastic concerning this meeting and looked forward to future meetings which they hoped would eventually include representatives of hospital groups as well as representatives of insurance companies. Also, the institution of legislation to correct some of the faults that now exist in the Workmen's Compensation Law and the Massachusetts Industrial Accident Board.

Frankly, we are somewhat disappointed that we have heard nothing further from you regarding the above-mentioned meetings and hope that the Hampden County Medical Association has not lost interest as we sincerely believe that a lot of good can be accomplished if we become aware of one anothers problems and take the proper steps to correct them. Hoping that we may hear from you in the near future, I am,

Very truly yours,
WILLIAM WYLIE
Secretary
SPRINGFIELD BUILDING & CONSTRUCTION TRADES COUNCIL

MUCH WATER GOETH BY THE MILL

The present crop of bills in Congress proves that socialized medicine is not dead or even sleeping soundly. It would seem that the measure of political competence is the amount of taxpayers money that can be legislated into circulation. If socialism cannot be created at once and by direct means it can come thru the easy stages of pension plans. One of these plans was recently presented to Congress the expected cost of which in 1980 would approximate 200 billions of dollars. It is hardly conceivable that the taxpayer could pay this amount and pay for anything else. It would mean that taxes would take so much of his income that the rest would also become socialized.

Another interesting bill is an amendment to the Public Health Service Act that would give free medical surgical and dental treatment in Public health hospitals any person employed or engaged on board vessels of the United States. This would include the owner and captains of vessels who certainly should be able to pay for their own medical care.

An amendment to the Railroad Retirement Act would provide for the payment of the medical expenses of the pensioner from pension funds. Other amendments propose to liberalize the social security act so that benefits may be paid at earlier ages than heretofore. Another amendment would pay the hospital expenses of "insured aged persons, their survivors and dependents".

Curiously enough the name of Congressman Dingell of Michigan appears in connection with several of these bills. I think we all remember his father who was co-author of the very controversial Murray-Wagner-Dingell bill which was defeated by the American Medical Society and a corps of Public Relations personnel. This was the item that raised our dues to their present pinnacle. Will the current hatch of bills continue to increase our dues, our blood pressure and our taxes?

R.T.M.

REPEAT PERFORMANCE

The success of last year's Health Forums was outstanding. The four Panels were attended by no less than 4000 people, a figure which exceeded by far all expectations. The applause was loud and approval unmistakable. Public demand for additional Forums has since then been so persistent that our Society practically had no choice but to accede.

As a result plans are well under way now for another series of Health Forums scheduled this year to begin November 20th. As in the past, these will be co-sponsored by Hampden District Medical Society, the Springfield Academy of Medicine and the Springfield Newspapers. The number of panels is again set for four, and the spacious auditorium of Springfield Technical High School, with its 1200 seats, was once more picked as the meeting place. The topics selected include those dealing with: (a) Nervous disorder, (b) Pediatrics, (c) Geriatrics, and (d) Arthritis.

Health Forums have proved their worth wherever they have been tried. They not only render a valuable public service, but they also serve to improve public relations. According to a recent A.M.A. survey almost one-half of the larger Societies sponsored Health Forums in 1955. This is significant especially when we stop to consider that they first came into existence as recently as 1951. What is equally significant is that ours was the first Society to sponsor such Forums in the New England area.

Health Forums to be successful, as we learned last year, require tremendous effort on the part of many people. Our Society is fortunate in having as its Public Relations Councilor Dr. Joseph Baker, who in his first few weeks of office has already established himself as a capable leader and a worthy successor to Tom Reilly who inaugurated the Forums in 1955. What is also gratifying is that once more, representing the newspapers, will be Mr. Paul Craig whose counsel, advice and widespread newspaper coverage proved so helpful.

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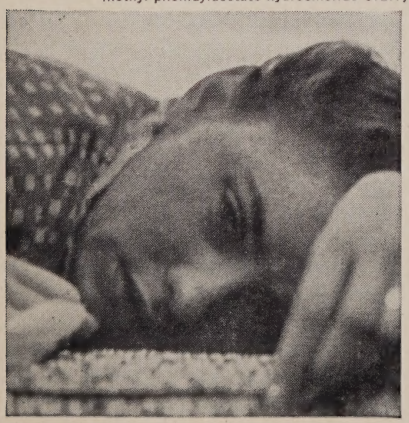

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Public Relations Councilor and Chairman, Public Relations Committee, Hampden District Medical Society.
Representing Hampden District Medical Society
Dr. O. J. Menard, Alternate to Public Relations Councilor.
Dr. William M. Davis
Dr. Richard J. Maher
Dr. Setrag A. Zacarian
Representing Springfield Academy of Medicine,
Dr. Thomas F. Reilly, Chairman Public Relations Committee, Springfield Academy of Medicine.
Representing Springfield Newspapers
Mr. Paul Craig

PROGRAM

Place: Auditorium,
Technical High School, Springfield, Massachusetts
Time: 8:00 P.M.
Dates: **November 20, 1956**
Title: YOU AND YOUR NERVES
Moderator: Dr. Ralph T. Miller, Ware
Panelists: Dr. Morris V. Borenstein
Dr. Michael A. Cogan
Dr. Olive A. Cooper
Dr. Joseph Hahn
Dr. Daniel R. Wheeler

November 27, 1956
Title: LIVE LONG AND LIKE IT
Moderator: Dr. H. Bernard Tillman
Panelists: Dr. Charles C. Derrick
Dr. Frank J. Jordan, Jr.
Dr. Mendel Mazer
Dr. Robert D. O'Malley, Holyoke
Dr. Jules R. Setnor
Dr. Fred M. H. Ziter

December 4, 1956
Title: ARTHRITIS AND RHEUMATISM
Moderator: Dr. Allen S. Johnson
Panelists: Dr. Jacob J. Arenstam, Westfield
Dr. Aloysius A. Bloniarz
Dr. Edward Katz
Dr. Robert N. La Marche
Dr. Warren D. Platt

December 11, 1956
Title: YOU AND YOUR CHILD
Moderator: Dr. Thomas F. Reilly
Panelists: Dr. John C. Ayers
Dr. Eugene W. Beauchamp
Dr. John A. Burke, Holyoke
Dr. William J. Devlin
Dr. Nelson Newmark

MEDICAL READER

Dietary faddism is nothing new but it is safe to state that it has never been as rampant as it is at the present time. Hardly a day goes by when the physician is not bombarded with questions about the "Mayo Clinic Diet', the "cottage cheese diet", the "orange diet", the "Rockerfeller diet", the "dextrose diet", and the like. The venerable Mayo Clinic has repeatedly denied any contact with or knowledge of the so called Mayo Clinic diet, and now the Rockerfeller Institute has taken steps to make similar repudiation. In a letter to the J.A.M.A. (June 30, 1956) Dr. Vincent P. Dole, a member of this eminent institution, takes to task in no uncertain terms a Mr. Roy de Groot for his misleading book and magazine articles promoting the "Rockerfeller diet". Dr. Dole points out that "The designation 'The Rockerfeller Diet' is inaccurate" . . . . . "In addition most of the menus described in the book were not used here. The institute discontinued the use of low-protein diet through normal food intake some time ago." . . . . "In our opinion, the magazine articles referred to failed to give sufficient warning of the potential hazards of lo-protein diets in general if not continuously supervised by a physician. The minimum for a healthy adult is definite, and any further reduction carries the risk of serious liver damage. Only a physician can detect the early signs of protein deficiency." . . . . "We do not know of any evidence to suggest that obesity is caused by a default of protein metabolism." . . . "In our opinion the physician, not the diet, reduces

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the fat patient, and the choice of any particular diet is a matter of convenience." . . . . "Anyone desiring to use any reducing diet is urged to consult his family doctor."

We have always been of the opinion that the ultimate responsibility for the printed word rests not as much with the author as with the publisher. It is discouraging therefore to find reputable magazines such as Reader's Digest, Look, and Coronet featuring fly-by-night dietary fads which are as falacious as they are detrimental to public health and welfare.

* * * * * *

With so much material clamoring to be read, and moments so few to allot to literature, medical or general, the example of Clifton Fadiman should be helpful to some fellows. In the recent issue of **Holiday**, (August 1956), he told of reading Tolstoi's magnum opus, 'War and Peace' in eight hours,—and discovering that the work is original because it depicts "Life and People and Love". As to war, it is eminently foolish. In contrast to clever modern novelists who have style, construction and strange concepts, Count Tolstoy employed no technique; his book had no more form than the huge shapeless country of his birth. His genius consisted of unending intuition that gives us life itself, and gives it all-inclusively.

Note: If the work-out should prove too great an effort, wait a bit longer and 'War and Peace' will be spooned up in cinematic presentation doubtless in a wide-angled riot of gorgeous color!

1956 STATE and LOCAL DUES. The Michigan State Medical Society recently surveyed each of the 49 constituent state medical associations (District of Columbia and the 48 states) on current state dues.

The study showed that the average American physician pays between $50 and $70 per year depending upon whether the county or component society maintains an executive office. (Modest Massachusetts!)

Dear Hippocrat:

The U. S. Internal Revenue Service has just issued a regulation which is important to the physicians.

Efforts over a long period of time by the A.M.A. Law Department to get the Internal Revenue Service to issue a regulation permitting physicians to deduct their expenditures in taking postgraduate "refresher" courses have finally paid off.

The regulation effective on August 9, provides that expenditures for education are deductible if they are for a "refresher" or similar type of course taken to maintain the skills directly and immediately required by the physician in his employment or business. An educational course to be covered should be designed for established medical practitioners to help them keep abreast of current developments in the profession; it should be of short duration; it should not be taken on a continuing basis, and should not carry academic credit. Education designed to prepare the practitioner to enter a specialty will not be acceptable.

When a physician travels away from home primarily to obtain "refresher" education, his expenditures for travel, meals, and lodging while waay from home are deductible. However, expenses for personal activities such as sightseeing, social visiting or entertaining, or other recreation will NOT be allowed.

George Lull, M.D., Secretary, A.M.A.

ALMANACER'S HOT FLASH

Sez Ol' Doc. Munyon, "You don't get ulcers from what you eat but from what's eatin' you."

* * * *

SOME FISH!

The modern blue whale is equal in weight to three dinosaurs, 17 elephants or 133 oxen.

COMPLIMENTS

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PTERIDOLOGISTS AHOY!

The majority of fellows would not qualify under so dubious a classification as this, not even as pseudos. Actually we know of only two members of the Hampden District Medical Society who have earned the title. There may be others who have experienced the thrill in the discovery of specimens previously known to them only within the covers of such portable and straightforward books as 'The Fernlovers Companion' and Willard Clute's 'Our Ferns in their Haunts'. (Frederick A. Stokes Company, N. Y.) If so, let them step forward. **Pteris** of course, is the word the Greeks had for pinion which many ferns simulate, and you yourself know the meaning of **logos.**

The vision of mittened maiden ladies primly pressing their ferns in albums may well spring from the minds of older members like the maiden goddess Athene fully armored, but in whalebone and panteletes. It is doubtful, though, that they ever knew that the Climbing fern is the only member of the order of Filicales that was saved from extincion by the passage of a law against picking anywhere in Connecticut. Only Aristophanes, it is to be feared, would come up with words adequate to render the mental reactions of younger fellows.

Be that as it may, this esotiric hobby does get devotees out into the open air away from problems of the sick and the suffering, and into many unaccustomed locales, usually, too, with amusing if not congenial company. Admittedly golf gets men out and into assorted strange situations amid boon companions and some who are definitely less than boon. But how much more such adventures would mean if golfers knew when they decapitated a Botrychium, or found the tortured ball hidden in a stand of Sensitive ferns! So instead of tramping over and over the same old terrain disfigured with scars where hastily replaced divots failed to catch hold, dubs should climb out of the sand traps and resolve to visit much more sylvan spots such as Bartholomew's Cobble in Sheffield, Massachusetts, or Smuggler's Notch in upper Vermont. It is possible now to motor to the summit of Mt. Equinox instead of climbing straight up the side as the two above mentioned members did, but you would miss the startling explosion of a mother partridge defending her chicks, and the unique view from the hanging rock on the way down where the rare Green Spleenwort and the rarer Wall Rue were found by them for the first time. The latter fern abounds, so one of them testified, in churchyards of England and of Charleston, South Carolina, where English emigrants may have carried this diminutive reminder of home surroundings along with the hardy English sparrows.

A neophyte in ferning could climb up the talus slope from the Christopher Clark road on the western side of Mount Tom to the base of the basalt cliffs. It is there that the miniature Purple Cliff Brake manages to find enough lime in the rocks to survive. To meet its relative, the delicate little Fragile Cliff Brake, a trip to Dorset, Vermont is indicated. There it grows in profusion along the lip of the marble quarry from which were taken headstones enough to mark the graves of the Union dead in the Arlington Natoinal Cemetery. The old Dean Steam pumps are still standing just as they were left when that job was finshed, —at least they were twenty years ago when last visited

If a prospective hobbyist really would like to discover a new world,—or more accurately relics of a very ancient world since the ferns, as fossils show, were primordial and reached their highest forms in the Carboniferous Age, he should borrow one or both of these modest tomes from a friend or a library and let nature take her course. There are approximately two hundred varieties of ferns in New England, and most of them can be seen in one season if a start is made in the Spring with the fiddleheads. (Note: pay no heed to the suggestion that the latter be tried as a substitute for asparagus by the advice of one who did.). S. Q. L.

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POLIO PATIENT: HOME OR HOSPITAL

In recent years it has become customary to hospitalize all patients with poliomyelitis even though the necessity did not exist. In some communities nearly 100% of actual poliomyelitis patients are hospitalized along with as many as 10 to 30% additional patients who are found not to have polio. This has been the result of several undesirable developments. Abnormal fear of serious sequelae and publicity concerning the crippling effects of the disease have made patients and relatives amenable to the suggestion of hospitalization. Physicians have also been apprehensive that a mild early case may become a serious one later and that the outcome may vary with the best care naturally being obtained only in hospitals. Physicians have also encouraged this trend in many instances to avoid the emotional reaction of over-anxious relatives. Lately the pendulum has begun to swing back to home care of selected cases, especially those with mild or no paralysis.

Hospitalization of every case exists with no other disease, and it would seem desirable to revert to individual management of these patients on a home care basis wherever possible. First and foremost among the advantages of home care is the fact that the patient is saved the fatigue, excitement, and nervous tension of the trip to the hospital and the excessive handling that is usually incident to the first days in a hospital. It is generally accepted that fatigue and exhaustion at the onset of polio aggravate the ravages of the oncoming disease. The most restful place for anyone is his own bed, and the most comforting person that can possibly be in attendance is his mother or a close relative. There is no more desirable situation for the care of this disease for which the only treatment is rest, comfort, and freedom from anxiety. This is especially true when the alternative is usually a hard hospital bed, considerable noise, masked, gowned strange figures, flashing of lights and other emotionally disturbing situations that necessarily arise during any hospitalization.

When one considers the possibility of a home managed patient endangering other members of the family, the hazard of further exposure is almost negligible. By the time the diagnosis is suspected, the rest of the family has been exposed and usually infected. Moreover, very little additional risk is probable when such simple isolation techniques as hand-washing, individual cups, etc., bed pan, and being in a room by self are followed.

Many patients thought to have non-paralytic polio actually have other infections or diseases. This within itself is an inducement to insist on home care, thereby avoiding the remote possibility of cross-infection with hospitalized poliomyelitis patients.

As a corrolary to the above point, many physicians, and indeed many patients, today feel that an examination of the spinal fluid is imperative. As a result, patients are rushed off to a hospital so that a lumbar puncture can be done. Such a step is not necessarily essential. When the presence of polio is suspected, the greatest value of an examination of the spinal fluid is to rule out the existence of meningitis, but this elimination can often be done on clinical evidence alone. The finding of a normal fluid does not eliminate the diagnosis of polio, and an increase of cells, while compatible with such a diagnosis, does not prove it. Moreover, the procedure has no prognostic or therapeutic value. In manifest cases of polio, almost all authorities generally discourage performance of the procedure. The fatigue of the trip to the hospital together with that of the lumbar puncture may, perhaps, change a non-paralytic to a paralytic case.

When a polio case is cared for at home, the parents and relatives are apt to be more stable and helpful when occupied and can see the progress of the patient on an hour to hour basis. This attitude has been observed in striking contrast to that of relatives with hospitalized children. Moreover, the danger of patients developing life-endangering complications in a brief period without the knowledge of the family physician is negligible when relatives or attendants are given simple

instructions in observation and care. It is possible to have an overwhelming infection with death occurring in 36 to 48 hours, but this is exceedingly rare and nothing can be done to halt the progress of the disease anyway. Even then the physician would have sufficient warning as premonitory signs of extensive involvement would appear early in the course of the infection. There is almost always a shortage of hospital beds, personnel, and other facilities for polio patients, particularly when an unusual number of cases is occurring.

On the other hand, there are clinical manifestations in patients thought to have polio that demand hospitalization. Some of these definite indications are: an increasing elevation of temperature; urinary difficulties; weakness in the deltoid muscle or other signs of high cervical spinal cord involvement; any slight suggestion of breathing difficulty, such signs of possible bulbar polio as nasal regurgitation, voice change or dysphagia, and a rising blood pressure with early bulbar signs which frequently presages vasomotor failure. Limited home space and incapacitating, emotional reaction on the part of relatives may be an indication in certain instances. Incidentally, the transportation should be done without hurry and bustle and with a minimum of fatigue to the patient.

Most patients with suspected polio, nonparalytic polio, and many of the mild forms of the disease can be better cared for at home under supervision of the family physician and with assistance from visiting nurses. Of course, muscle testing, physical therapy, and rehabilitation must be planned for after the acute phase and almost all of this can be done at home or at clinics. All this would be less expensive than hospitalization, would lighten the demands placed on hospitals, would satisfy the desires of patients and relatives, and would benefit patients by minimizing fatigue and anxiety. Although no one can have complete peace of mind at the mere mention of polio, much fear can be allayed when understanding is inculcated with correct information. J.C.A.

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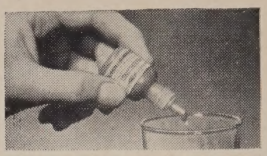

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PROBLEMS IN SCHOOL HEALTH

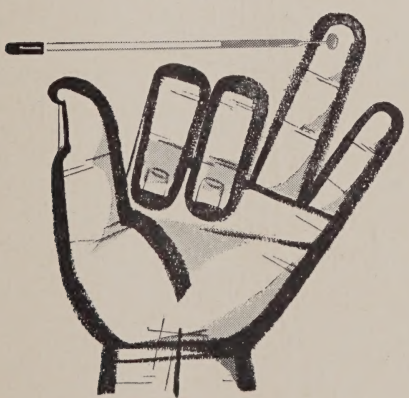
Dear Hippocrat,

Many fellows, I am sure, will appreciate advance notice of the important Massachusetts Conference on School Health that is set for October 17 next at the Hotel Statler in Boston. Sponsors of this day-long meeting include the Massachusetts Medical Society, the Massachusetts State Departments of Public Health and of Education. Registration will begin at 9 A.M. and the nominal fee will include the cost of luncheon.

The morning session with Dr. Harold Stewart as moderator will cover the field of Methods of self-appraisal, and School Health Examinations. Dr. John M. Dunning will discuss Dental problems at the luncheon meeting. The subjects of Handicapped and Emotional Children under Moderator Vaughn will be considered at the afternoon panel. In addition Dr. Parker Jewett, Jr., and Dr. Bernard Zonderman will speak on the Limitations of Visual and Auditory Tests, and Mr. Robert Berry will outline the Supervised School Physical Examination Program.

Members and interested friends should mark off on the calendar Wednesday, October 17th to take advantage of such a splendid program.

Thomas Reilly, Committee on
School Health, M. M. S.



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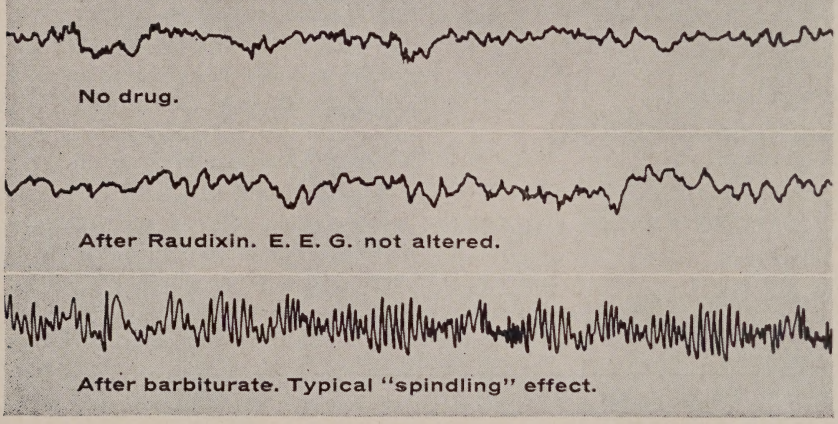
Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram



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